PO Box 58 Washburn, WI 54891 (715) 373-6138 SÜBMIT: COMPLETED APPLICATION, TAX Bayfield County Planning and Zor and Zoning Depart.

> BAYFIELD COUNTY, WISCONSIN APPLICATION FOR PERMIT

Date Stamp (Received)

5 022014

FIFTE Permit #: Date: Amount Paid: 403.06

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Refund: 10-4-14

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. \$134 Existing Structure: (if po Proposed Construction: Shoreland Ľ X * include donated time & □ Non-Shoreland Authorized Agent: (Person Signing Application 64595 TYPE OF PERMIT REQUESTED of Completion Value at Time 3 te:th Owner(s): PROJECT LOCATION HAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT (N PENALTIES (we) decigic that this application (inglicing any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) (me) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) (me) and belief it is true, correct and complete. I (we) acknowledge that I (we) and belief it is true, correct and complete. I (we) acknowledge that I (we) and best of the accordance of the purpose of inspection. I (we) and the purpose of inspection. I (we) consent to country officials charged with administering country ordinances to have access to the bove described property at any reasonable time for the purpose of inspection. Municipal Use Commercial Use Residential Use ress of Proper (If there are Multiple Owners Proposed Use material Section 3 Rec'd for Issuance 354 1/4, Carry Grubi 25 (What are ☐ Run a Business on ☐ Relocate (existing bldg) ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes.—continue (if permit being applied for is relevant to it) ☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)

Creek or Landward side of Floodplain? If yes---continue —▶ Legal Description: (Use Tax Statement) Property Conversion Addition/Alteration , Township Project 1/4 X applying for) Other: (explain) Special Use: (explain) 147 Conditional Use: (explain) **Accessory Building Mobile Home** (manufactured date) **Bunkhouse** w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ Principal Structure (first structure on property)
Residence (i.e. cabin, hunting shack, etc.)
with Loft on the Deed All Ow Accessory Building Addition/Alteration (specify) Addition/Alteration (specify) STA on behalf of Owner(s)) N, Range <u>05</u> No Basement and/or basement F with Attached Garage with (2nd) Deck with (2nd) Porch with a Porch with a Deck 2-Story Basement 1-Story + Loft # of Stories Foundation mers mu Lot(s) (specify) Meigh PIN: (23 digits)
04-020-2-47-05-MaSON U 64595 5 Agent Phone: Mailing Address Lean State/Zip: machiney Proposed Structure Length: Length: Surrelland Year Round Seasona Vol & Page Use 901 # 1001 HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp) XHO 25845 Storage Agent Mailing Address (include City/State/Zip): 32-2-04-000-2000 None None Distance Structure is from Shoreline : \Box Distance Structure is from Shoreline: bedrooms cooking & food prep facilities) w l 2 * 7 K 앜 Lot(s) No. ONAL USE Mason Wi City/State/Zip: 21780 Width: Width: Sanitary (Exists)
Privy (Pit) or ny this Municipal/City (New) Sanitary None Portable (w/service contract) Block(s) No. Compost Toilet Bulente 66 Sewer/Sanitary System 25845 Is on the property? to con What Type of Lot Size Volume_ Subdivision: Recorded Document: (i.e. Property Specify Type: Septictor Specify Type 3 66 Date Dimensions /037 Is Property in Floodplain Zone? × ×× \times they building Height: Height: 120 94 Cell Phone: 715:413.1178 Telephone: 715, 746,2588 Plumber Phone Written Authorization Acreage Page(s) 6 S Γ OTHER 0 Are Wetlands Footage Square Present? 920 256 ₩ Well Water City

If you recently purchased the pr

Attach
Copy of Tax Statement
roperty send your Recorded Deed

Address to send permit

Authorized Agent:

(If you are signing on behalf of the

owner(s) a letter of authorization

accompany this application)

Date

STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

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Date: Permit #: Amount Paid: \$100 11-19-0 9410-41 6-13-14

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

\$ 18H 0.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp) Taning Dept

Refund:

	Date					all	Jane	132	Owner(s):
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ige that i (we)	d complete. I (we) acknowled	PENALTIES true, correct and	WIT WILL RESULT IN Flowledge and belief it is	WITHOUT A PERF	RTING CONSTRUCTION	OBTAIN A PERMIT <u>or</u> STA ng information) has been exar	FAILURE TO	is application (includ	(we) declare that th
2000	COXX	14	Sarn	Pole	ement of	plain) REPlace	Other: (ex	Tant V	Secretarial Staff
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	×				hack, etc.)	Residence (i.e. cabin, hunting shack, etc.)	Residence		
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Square Footage	Dimensions	D		ē	Proposed Structure			•	Proposed Use
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2,000	Height: /a/	Sex T	Mint. 4.	har ou	200	is relevant to it)	ing applied for	e: (if permit be	Existing Structure: (if permit being applied for is relevant to it)
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	1417	onc.	None None			□ Foundation	1200	Property	1
	ntract)	//service cor	☐ Portable (w/service contract)	₩ None		No Basement	iness on	☐ Run a Business	
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	ify Type: My Din	xists) Speci	Sanitary (Exists) Specify Type:	□ 3		2-Story		☐ Conversion	\$35 000
Well	Specify Type:		☐ (New) Sanitary	□ 2			<u> </u>	Addition/Alteration	
□ City	The state of the s	City	☐ Municipal/City		☐ Seasonal	7 1-Story	truction	New Construction	material
Water)e of y System yperty?	What Type of Sewer/Sanitary System Is on the property?	Sew Is	# of bedrooms	Use	# of Stories and/or basement		Project (What are you applying for)	Value at Time of Completion *include donated time &
									X Non-Shoreland
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□ Yes	□ Yes	reline:	Distance Structure is from Shoreline :	Distance Stru	or Flowings	Tooplain:	Creek of Landwald side of Floodplain:	Creek of Lan	□ Shoreland →
Are Wetlands Present?	Is Property in A	eline : feet	cture is from Shoreline :	Distance Structure	m (incl. intermittent)	Is Property/Land within 300 feet of River, Stream	/Land within 3	☐ Is Property	A A A A A A A A A A A A A A A A A A A
35	l le			EEN	m	N, Range <u>C5</u> W		, Township	Section 20
	Acreage	Lot Size		111111111111111111111111111111111111111	Town of:		7	A	PSS 165
	#	Subdivision:	Block(s) No.	Lot(s) No.	Vol &	t Lot(s) CSM	Gov't Lot	VE 1/4	SE 1/4, 1
350	volume 1000 Page(s) 350	Volume		2 2 3	Y (%)	(Use Tax Statement) 04-		Legal Description:	PROJECT LOCATION
Ownership)	☐ Yes ☐ No	Recorded D		3	1/2		±		
orization	Written Authorization Attached	tate/Zip):	Agent Mailing Address (include City/State/Zip):	gent Mailing Add			lication on behalf of Owner	(Person Signing Application on behalf of Owner(s))	Authorized Agent: (P
ne:	Plumber Phone:			Plumber:	one:		かけたい	7	7 7
			856	548	SON W:	MASON	ROAD	0101	Address of Property:
		0100	W SOCKIN	Y VO 1117	0 6 00 / CO18	Ow/st	\hat{\text{7}}	OSMAK	TAUL D
-2356		2000			7	Maling			Owner's Name:
ER	☐ B.O.A. ☐ OTHER	1	☐ CONDITIONAL USE ☐ SPECIAL USE	CONDITIONAL	□ PRIVY	SAN	□ LAND USE	QUESTED->	TYPE OF PERMIT REQUESTED→

Attach
Copy of Tax Statement recently purchased the property send your Recor

Recorded Deed

Date

Owner(s):

wner(s): Faul Osmal (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization

ame

Address to send permit

SUBN₂IT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58

Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

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12014 THERE Permit #: Refund: Date: Amount Paid: 图 2000年 子 う 子

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3 10 INSTRUCTIONS: No permits will be issued until all fees are paid.
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DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO P PROJECT TYPE OF PERMIT REQUESTED-> |

LAND USE

SANITARY Contr Authorized Agent: MARK & Street Mouton SPAIR MORKET COURT R MIPPERFORTH TRAVIE MAKEY CONST. INC. Section _1/4, Z ☐ Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes-Legal Description: (Use Tax Statement) , Township 1/4 ROSE THE DIE N, Range (J) APPLICANT. Mailing Address: NEE, Contractor Phone: 715 682 9128 ٤ を完め City/State/Zip: (ind. Intermittent) □ PRIVY □ N N Agent Mailing Address (include City/Statg/Zip):

ASHLAND, MISC SA 30 (

147 05 12 2 04 000 6 000 0 Recorded I

Volume 1 Plumber: CONDITIONAL USE

City/State/Zip: Distance Structure オ / 分) TO TO 208th Lot(s) No. ASHLDYD, Block(s) No. 1 is from Shoreline: ☐ SPECIAL USE 2 Recorded Volume Subdivision: \$200G Telephone: | LYes | No | Document: (i.e. Property Ow | 2002 Written Au Attached 115 292 5537 Plumber Phone: Acreage e. Property Ownership)
Page(s) 225 Authorization 0

Shoreland —	Creek or Landward side of Floodplain? If yes—continue — If Yes—continue — If Yes—continue — If Yes—continue —	of Floodplain? of Floodplain? of Lake, Pon of Lake, Pon of Lake, Pon	Atream (Ind. Intermittent) If yes—continue —> Pond or Flowage If yes—continue —>	Distance Structure	Distance Structure is from Shoreline: A GD feet Distance Structure is from Shoreline: feet feet	Is Property in A Floodplain Zone?	Are Wetlands Present? PYes Ves
X Nutranoreland	-						
Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	ype of ary System iroperty?	Water
,	New Construction	💥 1-Story	□ Seasonal	□ 1	☐ Municipal/City		□ City
<u></u>	☐ Addition/Alteration	☐ 1-Story + Loft	Year Round	□ 2	☐ (New) Sanitary Specify Type:	fy Type:	□ Well
7000	□ Conversion	□ 2-Story		_ 3	☐ Sanitary (Exists) Specify Type:	fy Type:	
	☐ Relocate (existing bidg)	Basement			☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	Ited (min 200 gallon)	25
	☐ Run a Business on	□ No Basement		X None	☐ Portable (w/service contract)	itract)	
	Property	☐ Foundation		•	☐ Compost Toilet		
		X SLAB OF GRADE			None GARAGE		

Existing Structure: (if pe	rmit bei	Existing Structure: (if permit being applied for is relevant to it) Length: Width:		Height:	•
Proposed Construction:		Length: 32		Height:	16
Proposed Use	, (Proposed Structure	Dİ.	Dimensions	Square Footage
-	×	Principal Structure (first structure on property)		×	
	*	Residence (i.e. cabin, hunting shack, etc.)		×)	
~		with Loft		×	
💢 Residential Use		with a Porch		×	***************************************
		with (2 nd) Porch		×	
		with a Deck		×	
		with (2 nd) Deck		×)	
Commercial Use		with Attached Garage)	x)	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)		×)	
		Mobile Home (manufactured date)	(×)	
		Addition/Alteration (specify)	(x)	
□ Iviunicipal Use	K	Accessory Building (specify) 28x32 6ASM6	(28	× 32)	836
		Accessory Building Addition/Alteration (specify)		×)	
Rec'd for Issuance					
	□ .	Special Use: (explain)	(x)	
		Conditional Use: (explain))	x)	
		Other: (explain)	(х)	

FAILURE TO OBTAIN A PERMIT OL STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the bast of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Secretarial Start

7	nie Owners	
	wners must sign or letter(s) of authorization must accompany this appli	

Authorized Agent: (If you are s are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Attach

If you recently purchased the property send your Recorded Deed

Date

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Address to

send permit

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SCONTON

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		Hold For Fees:	vit:	Hold For Affidavit:		Hold For TBA:	Hold For Sanitary:
roval: 6-19-14	Date of Approval:	0					Signature of Inspector:
		WHITE.	1250 July 1250 J	1 XX	of to PR	THE TRAINER	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SIDELARIA	12 12 12 12 12 12 12 12 12 12 12 12 12 1	700	FOITH P	其	or thrust	The rave +	
			(If No they need to be attached.)	□ No -(If No	ions Attached? Yes	Condi	Condition(s):Towr
ection: The	Date of Re-Inspection:	3	2021	4		アフライ	Date of Inspection:
1		on Difficult be	なるなる	o PROVEN	TRI VER	in Construction	Inspection Record:
A NO	e Yes	Were Property Lines Represented by Owner Was Property Surveyed	were Property		Yes No	ilding Site Delineated	Was Proposed B
1	#		□Yes □ No			Case #:	yes No
u res	Arridavit Attached	P	Previously Grante	ja P		ning □ Yes	Is Structure Non-Conforming
□ Yes \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Affidavit Required	ed □Yes \\No	Mitigation Required	NVX ON/X	(Deed of Record) (Fused/Contiguous Lot(s))	□ Yes	ls Parcel a Su Is Parcel in Comn
			Morrow	6-13	Permit Date:	CHO	Permit #: /
			t sall			Issuance Information (County Use Only) Permit Denied (Date):	Permit Denied (Date):
	of Sanitary Date:	For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The local Town, Village, City, State or Federal agencies may also require permits. Sanifary Number: Sanifary Number: Sanifary Number: Sanifary Date: Sanifary Number: Sanifary Numbe	Junicipalities Are Federal agencies ma	ty, State or Fe	w One & I wo Family Dwelling le local Town, Village, City, Sta	For The Construction Of Ne	
nd <u>Well</u> (W).	Tank (HT), Privy (P), and Well (W). has not begun.	Drain field (DF), Holding Tace if Construction or Use ha	Septic Tank (ST). the Date of Issuand	1) Year from 1	Location(s) of New Co	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use	(9)
posed site of the structure, or must be	of the proposed site of the st	roan a known corner within 500 feet o	of a corrected compass fi	partment by use o	d corner, or verifiable by the De	rior to the placement or construction or a structure more mainten (Lu) reet but less than burkly surveyed corner for the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the promarked by a licensed surveyor at the owner's expense.	one previously surveyed marked by a licensed sur
isly surveyed corner to the	t be visible from one previou	ndary line from which the setback must be measured must be	oundary line from which	red setback, the b	(10) feet of the minimum required yor at the owner's expense.	placement or construction of a structure within ten (10) feet of the ously surveyed comer or marked by a licensed surveyor at the owne	Prior to the placement of other previously surveye
				Feet	NA	Setback to Drain Field Setback to Privy (Portable, Composting)	Setback to Drain Field Setback to Privy (Porta
Feet		2	Setback to Well	Feet		Tank or Holding Tank	Setback to Septic
res		oodplain	Elevation of Floodplain	Feet	100	from the West Lot Line	Setback from the
		Setback from Wetland	Setback from V	Feet		South Lot Line	Setback from the South Lot Line
		Setback from the Bank or Bluff	Setback from t	2	796		Cathaal: from tha
Feet Pool Feet	mark)	Setback from the Lake (ordinary high-water Setback from the River, Stream, Creek	Setback from t	Feet		from the Centerline of Platted Road from the Established Right-of-Way	Setback from the
Measurement		Description		nent	Measurement	Description	
d by the Planning & Zoning Dept.	pproved by the Plant	Changes in plans must be approv			he closest point)	Setbacks: (measured to the closest point)	
		<u> </u>			continuing)	complete (1) – (7) above (prior to continuing)	Please comple
		160'					
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			* * * * * * * * * * * * * * * * * * * *	pes over 20%	inds; or (*	Show any (*):	
	ıd/or (*) Privy (P)	All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond	res on your Property ptic Tank (ST); (*) Drain Field (DF) (*) Stream/Creek; or (*) Pond	on your Prop Tank (ST); (* tream/Creel	\ Existing Structures		
		Road)	l (Name Frontage	ontage Road	North (N) on Plot Plan (*) Driveway and (*) Fr	/ Indicate: _ocation of (*):	(1) (2) (3)
			applying tory	hat you are	operty (regardless of w	your P	(1)

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